

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oililua Elder Care, Inc., #III	CHAPTER 100.1
Address: 429 B Ulupaina Street Kailua, Hawaii 96734	Inspection Date: May 14, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – “Senna S 1 tab PO PRN no BM x2 days” ordered 4/25/19. However, does not appear on Medication Administration Record (MAR) from 4/25/19 through 5/14/19</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>-Senna S 1 tab PO PRN no BM x2 days was entered on Medication Administration Record (MAR).</p>	<p>5/14/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – “Senna S 1 tab PO PRN no BM x2 days” ordered 4/25/19. However, does not appear on Medication Administration Record (MAR) from 4/25/19 through 5/14/19</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future, I will refer to my "after doctor's visit checklist." I will have my substitute caregiver double check it for me immediately.</p>	<p>5/14/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(3)(C) Miscellaneous records:</p> <p>When day care clients are permitted in a Type I ARCH, records shall be maintained and include:</p> <p>Emergency information;</p> <p><u>FINDINGS</u> Resident #1 – Emergency information not current</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Emergency information was updated immediately.</p>	5/14/2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(3)(C) Miscellaneous records:</p> <p>When day care clients are permitted in a Type I ARCH, records shall be maintained and include:</p> <p>Emergency information;</p> <p><u>FINDINGS</u> Resident #1 – Emergency information not current</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future, I will always refer to my "after doctor's visit checklist which includes medication updates." I will have another caregiver double check it for me to ensure completeness.</p>	<p>5/14/2019</p>

Licensee's/Administrator's Signature: Norma Tenorio R.N.

Print Name: NORMA TENORIO

Date: 06/04/2019